									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10609133				
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
		CLAIMS AS	(Column		(Column 2)			TYPE [=	OR			
TOTAL CLAIMS			·					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			43 minus 20=		• 23			X3 9=		OR	X\$18=	414	
INDEPENDENT CLAIMS			9 minus 3 =		. 6			X43=		OR	X86=	138	
MU	TIPLE DEPEN	DENT CLAIM PF	RESENT					+145¤		OR	+290=		
• #	the difference	in column 1 is l	ess than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1322	
CLAIMS AS AMENDED - PART II									I	, •	OTHER		
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL		
A	Filed	CLAIMS REMAINING		HIGH		PRESENT			ADDI-		DATE	ADDI- TIONAL	
È	2/27/01	AFTER AMENDMENT		PREVIO		EXTRA		RATE	FEE		RATE	FEE	
AMENOMENT	Total	· 43	Minus	- 4	3	-A	1	X\$ 9=		OR	X\$18•		
	Independent	. 9	Minus .	•••	i	-90		X43=		OR	X86=		
[FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		1				+290=		
							+145=		ОЯ	YOYAL			
								ADDIT. FEE		OR	ADDIT. FEE	L	
		(Column 1)		(Colu		(Column 3)	۲.	^	$\overline{}$				
8	1212	CLAIMS REMAINING			BER	PRESENT	1	HATE	ADDI-\].	RATE	ADDI- TIONAL	
13	2-13-16	AFTER AMENDMENT			FOR	EXTRA	1	- Taking	FEE	Ι.		FEE	
AMEKDMENT B	Total	• 41	Minus	** (13.	- \	1	X2 37		40	X\$18=		
E	Independent	• 9	Minus		9	<u> • </u>	X	X43=		OR	X86≃		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱/	+145=		OR	+290=		
								VOTA		OR	TOTAL		
<	5/4/107							ADDIT. FEI	<u> </u>	ξ	ADDIT. FEE		
ド	179/0	(Column 1)			mn 2) HEST	(Column 3	4		ADDI-	1		ADDI-	
AMENDMENT C	•	REMAINING AFTER AMENDMENT		PREVI	ABER HOUSLY FOR	PRESENT EXTRA	ı	RATE	TIONAL FEE		RATE	TIONAL	
OME	Total	.43	Minus	90	43]	X\$ 9=		OR	X\$18=		
EN SE	Independent	. 10	Minus		9	- /]	X43=		OR	X86=	100	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		J		+	1			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR		 	
→ If the "Winhard Number Providers by Pald For" IN THIS SPACE is less than 20, enter "20." Amount EFF.										OR	ADDIT. FEE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													